Employee's Statement of Nonresidence in Iowa

Employee's Full Name	Social Security Number	I hereby declare, under penalty of perjury, that I am a resident of the	
Home Address and Zip Code		state of Illinois ar	nd that, pursuant
Employer's Name	Employer's Address	to an agreement existing between that state and the state of Iowa, I claim exemption from withholding of Iowa income tax on compensation paid to me in the state of Iowa. Signed	
Illinois receiving compensation paid in Iov Iowa income tax under the reciprocal agre Employee Resident of Illinois: If you are a resident of Illinois, you may cl	m on file for each employee who is a resident of wa and who claims exemption from withholding of ement between Iowa and Illinois. aim exemption from withholding of Iowa income tax your employer, under the reciprocal withholding		
S .	ate specified herein to any other state. You must notify your	employer within 10 da	44-016 sys. (9/11/00)
Note: If you change your residence from the st		of Nonreside	nce in lowa
		I hereby declare,	under penalty of
www.state.ia.us/tax	Employee's Statement o	I hereby declare, perjury, that I am state of Illinois ar	under penalty of a resident of the nd that, pursuant
lowa Department of Revenue www.state.ia.us/tax	Employee's Statement o	I hereby declare, perjury, that I am state of Illinois ar to an agreement e that state and the	under penalty of a resident of the nd that, pursuant existing between state of Iowa, I
Iowa Department of Revenue www.state.ia.us/tax Employee's Full Name Home Address and Zip Code Employer's Name Iowa Employers: You are required to have a copy of this for Illinois receiving compensation paid in Iowa	Social Security Number Employee's Statement of Social Security Number Employer's Address m on file for each employee who is a resident of wa and who claims exemption from withholding of	I hereby declare, perjury, that I am state of Illinois ar to an agreement e	under penalty of a resident of the nd that, pursuant existing between state of Iowa, I from withholding ix on
Iowa Department of Revenue www.state.ia.us/tax	Social Security Number Employee's Statement of Employer's Address m on file for each employee who is a resident of wa and who claims exemption from withholding of ement between Iowa and Illinois.	I hereby declare, perjury, that I am state of Illinois ar to an agreement e that state and the claim exemption fof Iowa income ta compensation pai	under penalty of a resident of the ad that, pursuant existing between state of Iowa, I from withholding ax on id to me in the
Iowa Department of Revenue www.state.ia.us/tax	Social Security Number Employee's Statement of Social Security Number Employer's Address m on file for each employee who is a resident of wa and who claims exemption from withholding of	I hereby declare, perjury, that I am state of Illinois ar to an agreement e that state and the claim exemption fof Iowa income to compensation pair state of Iowa.	under penalty of a resident of the nd that, pursuant existing between state of Iowa, I from withholding ax on id to me in the

Iowa Department of Revenue www.state.ia.us/tax

Employee's Statement of Nonresidence in Iowa

Employee's Full Name	Social Security Number
Home Address and Zip Code	
Employer's Name	Employer's Address

Iowa Employers:

You are required to have a copy of this form on file for each employee who is a resident of Illinois receiving compensation paid in Iowa and who claims exemption from withholding of Iowa income tax under the reciprocal agreement between Iowa and Illinois.

Employee Resident of Illinois:

If you are a resident of Illinois, you may claim exemption from withholding of Iowa income tax by completing this form and filing it with your employer, under the reciprocal withholding agreement between Iowa and Illinois.

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perjury, that I am a resident of the
state of Illinois and that, pursuant
to an agreement existing between
that state and the state of Iowa, I
claim exemption from withholding
of Iowa income tax on
compensation paid to me in the
state of Iowa.
Signed

,1511ca	
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Date	20

44-016

Note: If you change your residence from the state specified herein to any other state, you must notify your employer within 10 days.